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CONFIRMATION NO. 5468

| SERIAL NUMBER 10/823,259 | FILING OR 371(c) DATE 04/12/2004 RULE | CLASS 424 | GROUP ART UNIT 1644 | ATTORNEY DOCKET NO. 10271-058-999 | |
|--|---|-----------------------------------|---|---|------------------------------------|
| APPLICANTS Peter A. Kiener, Doylestown, PA; Michael S. Kinch, Laytonsville, MD; Solomon Langermann, Baltimore, MD; | | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/462,009 04/11/2003 <i>mtt</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>None/mtt</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/11/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Maheer Haddad mtt</i> Acknowledged <i>mtt</i> Examiner's Signature Initials | | STATE OR COUNTRY PA | SHEETS DRAWING 0 | TOTAL CLAIMS 23 | INDEPENDENT CLAIMS 1 |
| ADDRESS 20583 | | | | | |
| TITLE EphA2, hypoproliferative cell disorders and epithelial and endothelial reconstitution | | | | | |
| FILING FEE RECEIVED 954 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |